Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:
Autitor of State Name of Department or Office OF E (2) and AUR R.111 DES MOIARS, IA. 50319 Mailing Address City, State, Zip Code Area Code & Telephone No.
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:
Name Samo Mailing Address (if different from above) Andrew, furner (Dauditor, State, Zip (if different from above) Email Address Area Code & Telephone Number (if different from above)
SWANOW YAA
Name 3616 Ingersall Ave Mailing Address City, State, Zip Code Date of Gift or Bequest Amount/Value* Area Code & Telephone Number 5 5 988.0901 Email Address (optional) *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:
Chinese New Year Box
Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.
Statement of Affirmation: I, OB SAM affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge. Date